



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

October 20, 2006

Debra Nelson, Administrator  
1970 East 17th Street #103  
Idaho Falls, ID 83404

License #: RC-692

Dear Ms. Nelson:

On September 21, 2006, a life safety code survey was conducted at Rosetta Assisted Living - Pendlebury. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Team Leader  
Health Facility Surveyor  
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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October 5, 2006

Debra Nelson, Administrator  
Rosetta Assisted Living - Pendlebury  
1970 East 17th Street #103  
Idaho Falls, ID 83404

FILE COPY

Dear Ms. Nelson:

On September 21, 2006, a life safety code survey was conducted at Rosetta Assisted Living - Pendlebury. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 21, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R692</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSETTA ASSISTED LIVING - PENDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>875 S PENDLEBURY BLACKFOOT, ID 83221</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 21, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

LLPO21

If continuation sheet 1 of 1



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HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
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Boise, ID 83720-0036  
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Roxella - Ponderburg</i>	Physical Address <i>875 S Ponderburg</i>	Phone Number <i>785 3627</i>
Administrator <i>D Nelson</i>	City <i>Blackfoot</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Eric Munnell</i>	Survey Type <i>Fire/Life Safety</i>	Survey Date <i>9/21/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.415.01	<u>Maintained Safety</u> : Water was leaking from an unknown source in the equipment/boiler room. There was standing water on the floor and the linoleum was peeling from the subfloor surface.	10/17/06 gmm
2	16.03.22.750.01	<u>Fire drills</u> : There was no documentation available for review to show fire drills had been conducted in 2006.	10/17/06 mm
3	16.03.22.750.05	<u>Fire alarm testing</u> : There was no documentation to show that the fire alarm had been tested monthly since November 2005.	10/17/06 gmm
4	16.03.22.750.06	<u>Sprinkler System Service/Testing</u> : There was no report maintained on file to show results of the automatic fire sprinkler testing/service done in 2006.	10/17/06 gmm
RECEIVED			
OCT 10 2006			

Response Required Date

*October 21, 2006*

Signature of Facility Representative

*[Signature]*

FACILITY STANDARDS